

**PAYSON REGIONAL JUSTICE/MAGISTRATE COURTS 714 S. BEELINE HWY #103 PAYSON, AZ. 85541 928-474-5267**

Name/address/PHONE	Case number (s) list all cases	APPLICATION FOR REVIEW OF FINES AND OTHER PENALTIES
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\_\_\_\_\_, requests review of fines and or payments I am unable to pay the full amount of fines today and/or these will cause a hardship to myself or family.

Case number (list all open cases) \_\_\_\_\_

Total amount due \$\_\_\_\_\_ (The Court cannot review or reduce mandatory fines or restitution)

☐ I can pay \$\_\_\_\_\_ per month/week/every two weeks (circle one)

My first payment is due Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

☐ I am requesting a reduction in fines/penalties as my income is not sufficient.

My income is \$\_\_\_\_\_ Spouse\$\_\_\_\_\_ number of children in the home\_\_\_\_\_.

Income tax returns or receipt of income based public assistance **must** be provided to the Court for verification

Additional financial application may be requested for review.

☐ I am requesting a \_\_\_\_\_ day extension to make my fine payment

☐ I am not able to comply with the counseling order as I am financially unable to pay for all of the sessions. I have completed \_\_\_\_\_ sessions.

☐ I am requesting community restitution in lieu of some or all of the fines.

☐ I am requesting the court accept \_\_\_\_\_ to reduce or waive fines.

☐ I am requesting credit for jail/prison time that I completed from \_\_\_\_\_ to \_\_\_\_\_

☐ I am currently under doctor care and I am not able to work or complete community restitution  
(note from physician required)

**OATH UNDER PENALTY OF PERJURY:** I have truthfully and completely given the information in this statement. I have not knowingly concealed, or in any way misrepresented, my financial resources. I am aware that I may be held in contempt of court, or prosecuted for perjury if I have made any false statements or misrepresentation, or concealment, in this application. I understand that this application may be used against me. I hereby make these representations under **PENALTY OF PERJURY:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
signature

☐ Tax returns

☐ Financial statement

☐ Food stamp or benefit letter

☐ Note from Physician

☐ Note from Counselor

☐ \_\_\_\_\_